

Iowa Tribe of Oklahoma  
Tribal Assistance Program  
335588 E 750 Rd. Perkins, OK 74059

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### Iowa Tribe of Oklahoma Tribal Assistance Program Assistance Request

**Sign** application and provide **all** information. Incomplete applications will not be processed.

Name of Applicant \_\_\_\_\_ Roll # \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street or P.O. Box City State Zip

DOB \_\_\_\_\_ Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

**\*Please indicate which assistance you are applying for:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Household Assistance            | <input type="checkbox"/> School Expense Assistance     | <input type="checkbox"/> Education Incentive         |
| <input type="checkbox"/> Elder Assistance                | <input type="checkbox"/> School Expense - gift cards   | <input type="checkbox"/> Hearing Aid Assistance      |
| <input type="checkbox"/> Veteran Assistance              | <input type="checkbox"/> High School Senior Assistance | <input type="checkbox"/> Burial Assistance           |
| <input type="checkbox"/> Hardship (Household) Assistance | <input type="checkbox"/> College Expense Assistance    | <input type="checkbox"/> Burial Assistance - Infants |

Below, list each vendor and the amount you would like to pay. Total request cannot exceed current assistance balance. Refer to TAP Policy & Procedure for further information.  
<http://bahkhoje.com/native-services/tribal-assistance-program>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature** (Parent or Guardian if applicant is under 18)

\_\_\_\_\_  
**Date**

***By signing this application, I indicate that I have reviewed the Tribal Assistance Program Policies & Procedures and agree to abide by them.***

**Any fraudulent activity will be subject to prosecution.**

FOR OFFICE USE ONLY – FUND EXPENSE CODE **0100 900**

Balance: \$ \_\_\_\_\_ J-M \_\_\_ A-J \_\_\_ J-S \_\_\_ O-D \_\_\_

Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_

Pay To: \_\_\_\_\_ Amount To Be Paid: \$ \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking number: \_\_\_\_\_

\_\_\_ Check here to request your check be picked up at the Tribal complex (instead of mailed to the vendor).